PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

CONTROL ON THE CO.	1.111	'4' 4 IGOIT	or <u>rax</u>	(703) 740-4000		
appropriate. All further coindicated unless corrected maintenance fee notification	rm should be used for tran respondence including the I below or directed otherwise ns.	ratent, advance ordin Block 1, by (a)	ders and notification of the derivation of the derivation of the derivative of the d	tion of maintenance fees w correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
	CE ADDRESS (Note: Use Block 1 for				f mailing can only be used f	
7.	590 07/21/2004			papers. Each addition	nal paper, such as an assignmate of mailing or transmission.	ent or formal drawing, must
Kennenth D' Ale	ssandro	•		C	ertificate of Mailing or Tran	smission
Sierra Patent Grou	p, Ltd			I hereby certify that States Postal Service	this Fee(s) Transmittal is bein with sufficient postage for fin ail Stop ISSUE FEE address	ig deposited with the United rst class mail in an envelope
P.O. Box 6149	40			addressed to the Ma	ail Stop ISSUE FEE address PTO (703) 746-4000, on the	above, or being facsimile
Stateline,, NE 8944	19					(Depositor's name)
5/2004 WABDELŘŠ 00000018 09107237				Carolyn Th	Thousen	(Signature)
C:1501 1370.00 OP				10-1	9-04	(Date)
APPLICATION NO.	FILING DATE	F	FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/107,237 06/30/1998		ALAN HER		ROD	SYM-0625	7741
APPLN. TYPE	SMALL ENTITY	ISSUE FE	1	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1330- \$1,370.00		\$0	\$ 1,370.00	10/21/2004
EXAMINER		ART UNI	IT	CLASS-SUBCLASS]	
LAO, SUE X		2126		709-310000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pr	int or type)		
			•	•• /	gnee is identified below, the c	document has been filed for
		(7)	PESIDENCE:	CITY and STATE OR CO	NINTDV)	
(A) NAME OF ASSIGN	EE				JONIKI)	
	EE hnodogies, Inc.			e, New York	JONIKI)	
Symbol Tech		ŀ	Holtsvill	e, New York	corporation or other private g	roup entity 🚨 government
Symbol Tech Please check the appropriate 4a. The following fee(s) are	e assignee category or catego	ries (will not be pri	Holtsvill Inted on the paten Payment of Fee	e, New York t); individual S (s):	corporation or other private g	roup entity
Symbol Tech Please check the appropriate 4a. The following fee(s) are XX Issue Fee	e assignee category or catego enclosed:	ries (will not be pri 4b.	nted on the paten Payment of Feel	e, New York t); I individual Section (s):	corporation or other private g	roup entity
Please check the appropriate 4a. The following fee(s) are XX Issue Fee D Publication Fee (No sr	e assignee category or catego enclosed:	ries (will not be prin 4b.)	nted on the paten Payment of Fee	e, New York t); individual (s): amount of the fee(s) is extedit card. Form PTO-203	corporation or other private g aclosed. 8 is attached.	
Symbol Tech Please check the appropriate 4a. The following fee(s) are XX Issue Fee	e assignee category or catego enclosed:	ries (will not be prin 4b.)	nted on the paten Payment of Fee	e, New York t); individual (S) (s): amount of the fee(s) is eredit card. Form PTO-203	corporation or other private g aclosed. 8 is attached.	
Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No sr Advance Order - # of	e assignee category or catego enclosed:	ries (will not be pri	nted on the paten Payment of Feel A check in the Payment by co The Director Deposit Account	e, New York t); individual Section in the fee(s) is ended to card. Form PTO-203 is hereby authorized by a Number 50=0612	corporation or other private g aclosed. 8 is attached.	credit any overpayment, to copy of this form).
Symbol Tech Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No sr Advance Order - # of Change in Entity Status a. Applicant claims SM The Director of the USPTO	e assignee category or categorenclosed: mall entity discount permitted Copies (from status indicated above MALL ENTITY status. See 3 is requested to apply the asset	ries (will not be pri 4b. 3 d) 7 CFR 1.27.	nted on the paten Payment of Fee A check in the Payment by cr Payment by cr The Director Deposit Account	e, New York t); individual Si (s): e amount of the fee(s) is er redit card. Form PTO-203 is hereby authorized by Sometic Number 50-0612 s not claiming SMALL En or to re-apply any previou	corporation or other private g nclosed. 8 is attached. charge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form). R 1.27(g)(2). ation identified above.
Symbol Tech Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No sr Advance Order - # of Change in Entity Status a. Applicant claims SM The Director of the USPTO	e assignee category or categorenclosed: mall entity discount permitted Copies (from status indicated above MALL ENTITY status. See 3 is requested to apply the asset	ries (will not be pri 4b. 3 d) 7 CFR 1.27.	nted on the paten Payment of Fee A check in the Payment by cr Payment by cr The Director Deposit Account	e, New York t); individual Si (s): e amount of the fee(s) is er redit card. Form PTO-203 is hereby authorized by Sometic Number 50-0612 s not claiming SMALL En or to re-apply any previou	corporation or other private g nclosed. 8 is attached. charge the required fee(s), or enclose an extra of	credit any overpayment, to copy of this form). R 1.27(g)(2). ation identified above.

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.